

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GreeneTownship ClayCity SpringfieldRegistration District No. 321
378Primary Registration District No. 5440
5444File No. 29297

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

(a) Residence, No. N.W. #3

(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF
(OR) WIFE OFArthur E. Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.60778. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hazelwood Cemetery DATE 9-18-193319. UNDERTAKER
(ADDRESS)

20. FILED

9-18-1933Springfield Mo
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9-16-1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 4, 1933, to Sept 16, 1933I last saw her alive on Sept 15, 1933. Death is saidto have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Heart-disease46E95B46E

Other contributory causes of importance:

Some growth in liverNot sure. Probably Cancerous.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L. H. Cox, M. D.(Address) 223 1/2 SouthMrs H. C. Proctor

